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APPLICANTS

Anthony R. Kelley, Madison, AL;
 D. Van Buskirk Paul, Humble, TX;

** CONTINUING DATA ***** *if None*

** FOREIGN APPLICATIONS ***** *if None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 04/05/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY AL	SHEETS DRAWING 4	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 4
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Verified and Acknowledged *Patrice Brunson*
 Examiner's Signature Initials

ADDRESS
 30698
 NASA/MARSHALL SPACE FLIGHT CENTER
 LSO1/OFFICE OF CHIEF COUNSEL
 MSFC , AL
 35812

TITLE
 Balanced orifice plate

FILING FEE RECEIVED 1094	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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